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Resolution adopted by the General Assembly

[*without reference to a Main Committee (A/62/L.39 and Add.1)*]

62/180. 2001–2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa

The General Assembly,

Recalling that the period 2001–2010 has been proclaimed the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa, by the General Assembly,[1] and that combating HIV/AIDS, malaria, tuberculosis and other diseases is included in the internationally agreed development goals, including those contained in the United Nations Millennium Declaration,[2]

Recalling also its resolution 61/228 of 22 December 2006 and all previous resolutions concerning the struggle against malaria in developing countries, particularly in Africa,

Bearing in mind the relevant resolutions of the Economic and Social Council relating to the struggle against malaria and diarrhoeal diseases, in particular resolution 1998/36 of 30 July 1998,

Taking note of the declarations and decisions on health issues adopted by the Organization of African Unity, in particular the declaration and plan of action on the "Roll Back Malaria" initiative adopted at the Extraordinary Summit of Heads of State and Government of the Organization of African Unity, held in Abuja on 24 and 25 April 2000, [3] as well as decision AHG/Dec.155 (XXXVI) concerning the implementation of that declaration and plan of action, adopted by the Assembly of Heads of State and Government of the Organization of African Unity at its thirty-sixth ordinary session, held in Lomé from 10 to 12 July 2000,[4]

Also taking note of the Maputo Declaration on Malaria, HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, adopted by the Assembly of the African Union at its second ordinary session, held in Maputo from 10 to 12 July 2003,[5] and the Abuja call for accelerated action towards universal access to HIV and

[1] See resolution 55/284.

[2] See resolution 55/2.

[3] See A/55/240/Add.1.

[4] See A/55/286, annex II.

[5] A/58/626, annex I, Assembly/AU/Decl.6 (II).

AIDS, tuberculosis and malaria services in Africa, issued by the Heads of State and Government of the African Union at the special summit of the African Union on HIV and AIDS, tuberculosis and malaria, held in Abuja, from 2 to 4 May 2006,

Recognizing the linkages in efforts being made to reach the targets set at the Abuja Summit in 2000 as necessary and important for the attainment of the "Roll Back Malaria" goal and the targets of the Millennium Declaration by 2010 and 2015, respectively,

Also recognizing that malaria-related ill health and deaths throughout the world can be substantially eliminated with political commitment and commensurate resources if the public is educated and sensitized about malaria and appropriate health services are made available, particularly in countries where the disease is endemic,

Emphasizing the importance of implementing the Millennium Declaration, and welcoming in this connection the commitment of Member States to respond to the specific needs of Africa,

Commending the efforts of the World Health Organization, the United Nations Children's Fund and other partners to fight malaria over the years, including the launching of the Roll Back Malaria Partnership in 1998,

Recalling resolution 60.18, adopted by the World Health Assembly on 23 May 2007,[6] urging a broad range of national and international actions to scale up malaria control programmes,

Taking note of the Roll Back Malaria Global Strategic Plan 2005–2015 developed by the Roll Back Malaria Partnership,

1. *Takes note* of the note by the Secretary-General transmitting the report of the World Health Organization,[7] and calls for support for the recommendations contained therein;

2. *Welcomes* the decision by the World Health Assembly to commemorate Malaria Day annually on 25 April, or on any such day or days as individual Member States may decide, in order to provide education and understanding of malaria as a global scourge that is preventable and a disease that is curable;[6]

3. *Also welcomes* the increased funding for malaria interventions and for research and development of preventive and control tools from the international community, through funding from multilateral and bilateral sources and from the private sector, as well as by making predictable financing available through appropriate and effective aid modalities and in-country health financing mechanisms aligned with national priorities, which are key to strengthening health systems and promoting universal and equitable access to high-quality malaria prevention and treatment services;

4. *Calls upon* the international community to continue to support the "Roll Back Malaria" partner organizations, including the World Health Organization, the World Bank and the United Nations Children's Fund, as vital complementary sources of support for the efforts of malaria-endemic countries to combat the disease;

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[6] See World Health Organization, *Sixtieth World Health Assembly, Geneva, 14–23 May 2007, Resolutions and Decisions, Annex* (WHA60/2007/REC/1).

[7] A/62/321.

5. *Appeals* to the international community to work in a spirit of cooperation towards effective, increased, harmonized and sustained bilateral and multilateral assistance to combat malaria, including support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, in order to assist States, in particular malaria-endemic countries, to implement sound national plans, in particular health plans and sanitation plans, including malaria control strategies and integrated management of childhood illnesses, in a sustained and equitable way that, inter alia, contributes to health system development;

6. *Welcomes* the contribution to the mobilization of additional and predictable resources for development by voluntary innovative financing initiatives taken by groups of Member States, and in this regard notes the International Drug Purchase Facility, UNITAID, the International Finance Facility for Immunization and the advance market commitment initiatives;

7. *Urges* malaria-endemic countries to work towards financial sustainability, to increase, to the extent possible, domestic resource allocation to malaria control and to create favourable conditions for working with the private sector in order to improve access to good-quality malaria services;

8. *Calls upon* Member States, in particular malaria-endemic countries, to establish and/or strengthen national policies and operational plans, aspiring to ensure that at least 80 per cent of those at risk of or suffering from malaria may benefit from major preventive and curative interventions by 2010, in accordance with the technical recommendations of the World Health Organization, so as to ensure a reduction in the burden of malaria by at least 50 per cent by 2010 and 75 per cent by 2015;

9. *Urges* Member States to assess and respond to the needs for integrated human resources at all levels of the health system, in order to achieve the targets of the Abuja Declaration on Roll Back Malaria in Africa[8] and the internationally agreed development goals of the United Nations Millennium Declaration,[2] to take actions, as appropriate, to effectively govern the recruitment, training and retention of skilled health personnel, and to give particular focus to the availability of skilled personnel at all levels to meet technical and operational needs as increased funding for malaria control programmes becomes available;

10. *Calls upon* the international community, inter alia, by helping to meet the financial needs of the Global Fund to Fight AIDS, Tuberculosis and Malaria and through country-led initiatives with adequate international support, to intensify access to affordable, safe and effective antimalarial combination treatments, intermittent preventive treatment in pregnancies, long-lasting insecticide-treated mosquito nets, including through the free distribution of such nets where appropriate, and insecticides for indoor residual spraying for malaria control, taking into account relevant international rules, standards and guidelines;

11. *Requests* relevant international organizations, in particular the World Health Organization and the United Nations Children's Fund, to assist efforts of national Governments to establish universal protection of young children and pregnant women in malaria-endemic countries, particularly in Africa, with long-lasting insecticide-treated nets as rapidly as possible, with due regard to ensuring

[8] A/55/240/Add.1, annex.

sustainability through full community participation and implementation through the health system;

12. *Encourages* all African countries that have not yet done so to implement the recommendations of the Abuja Summit in 2000[3] to reduce or waive taxes and tariffs for nets and other products needed for malaria control, both to reduce the price of the products to consumers and to stimulate free trade in those products;

13. *Expresses its concern* about the increase in resistant strains of malaria in several regions of the world, and calls upon Member States, with support from the World Health Organization, to strengthen surveillance systems for drug and insecticide resistance and for the World Health Organization to coordinate a global network for the monitoring of drug and insecticide resistance;

14. *Urges* all Member States experiencing resistance to conventional monotherapies to replace them with combination therapies, as recommended by the World Health Organization, and to develop the necessary financial, legislative and regulatory mechanisms in order to introduce artemisinin combination therapies at affordable prices and to prohibit the marketing of oral artemisinin monotherapies, in a timely manner;

15. *Recognizes* the importance of the development of safe and cost-effective vaccines and new medicines to prevent and treat malaria and the need for further and accelerated research, including into safe, effective and high-quality traditional therapies, using rigorous standards, including by providing support to the Special Programme for Research and Training in Tropical Diseases[9] and through effective global partnerships, such as the various malaria vaccine initiatives and the Medicines for Malaria Venture, where necessary stimulated by new incentives to secure their development and through effective and timely support towards pre-qualification of new antimalarials and their combinations;

16. *Calls upon* the international community, including through existing partnerships, to increase investment in and efforts towards the research and development of new, safe and affordable malaria-related medicines, products and technologies, such as vaccines, rapid diagnostic tests, insecticides and delivery modes, to prevent and treat malaria, especially for at-risk children and pregnant women, in order to enhance effectiveness and delay the onset of resistance;

17. *Reaffirms* the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement),[10] the Doha Declaration on the TRIPS Agreement and Public Health,[11] the decision of the World Trade Organization's General Council of 30 August 2003[12] and amendments to article 31 of the Agreement,[13] which provide flexibilities for the protection of public health, and in particular to promote access to medicines for all, including the production,

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[9] A joint programme of the United Nations Children's Fund, the United Nations Development Programme, the World Bank and the World Health Organization.

[10] See *Legal Instruments Embodying the Results of the Uruguay Round of Multilateral Trade Negotiations, done at Marrakesh on 15 April 1994* (GATT secretariat publication, Sales No. GATT/1994–7).

[11] World Trade Organization, document WT/MIN(01)/DEC/2. Available from http://docsonline.wto.org.

[12] See World Trade Organization, document WT/L/540 and Corr.1. Available from http://docsonline.wto.org.

[13] See World Trade Organization, document WT/L/641. Available from http://docsonline.wto.org.

under compulsory licensing, of generic drugs in the prevention and treatment of malaria;

18. *Resolves* to assist developing countries to employ the flexibilities outlined in the TRIPS Agreement in the fight against malaria and to strengthen their capacities for this purpose;

19. *Calls upon* the international community to support ways to expand access to and the affordability of key products, such as vector control measures, including indoor residual spraying, long-lasting insecticide-treated nets and artemisinin-based combination therapy for populations at risk of exposure to resistant strains of falciparum malaria in malaria-endemic countries, particularly in Africa, including through additional funds and innovative mechanisms, inter alia, for the financing and scaling up of artemisinin production and procurement, as appropriate, to meet the increased need;

20. *Welcomes* the increased level of public-private partnerships for malaria control and prevention, including the financial and in kind contributions of private sector partners and companies operating in Africa, as well as the increased engagement of non-governmental service providers;

21. *Encourages* the producers of long-lasting insecticide-treated nets to accelerate technology transfer to developing countries, and the World Bank and regional development funds to consider supporting malaria-endemic countries to establish factories to scale up production of long-lasting insecticide-treated nets;

22. *Calls upon* the international community and malaria-endemic countries, in accordance with existing guidelines and recommendations from the World Health Organization and the requirements of the Stockholm Convention on Persistent Organic Pollutants[14] to increase capacity for the safe, effective and judicious use of indoor residual spraying and other forms of vector control;

23. *Urges* the international community to become fully knowledgeable about World Health Organization technical policies and strategies and the provisions in the Stockholm Convention related to the use of DDT, including for indoor residual spraying, long-lasting insecticide-treated nets and case management, intermittent preventive treatment for pregnant women and monitoring of in vivo resistance studies to artemisinin-based combination therapy treatment, so that projects support those policies, strategies and provisions;

24. *Requests* the World Health Organization, the United Nations Children's Fund and donor agencies to provide support to those countries which choose to use DDT for indoor residual spraying so as to ensure that it is implemented in accordance with international rules, standards and guidelines, and to provide all possible support to malaria-endemic countries to manage the intervention effectively and prevent the contamination, in particular, of agricultural products with DDT and other insecticides used for indoor residual spraying;

25. *Encourages* the World Health Organization and its member States, with the support of the parties to the Stockholm Convention, to continue to explore possible alternatives to DDT as a vector control agent;

26. *Calls upon* malaria-endemic countries to encourage regional and intersectoral collaboration, both public and private, at all levels, especially in

[14] United Nations, *Treaty Series*, vol. 2256, No. 40214.

education, health, agriculture, economic development and the environment, to advance malaria control objectives;

27. *Calls upon* the international community to support increased interventions, in line with the recommendations of the World Health Organization and the Roll Back Malaria Partnership, in order to ensure their rapid, efficient and effective implementation, to strengthen health systems and national pharmaceutical policies, to monitor and fight against the trade in counterfeit antimalarial medicines and prevent the distribution and use of them, and to support coordinated efforts, inter alia, by providing technical assistance to improve surveillance, monitoring and evaluation systems and their alignment with national plans and systems so as to better track and report changes in coverage, the need for scaling up recommended interventions and the subsequent reductions in the burden of malaria;

28. *Urges* Member States, the international community and all relevant actors, including the private sector, to promote the coordinated implementation and enhance the quality of malaria-related activities, including via the Roll Back Malaria Partnership, in accordance with national policies and operational plans that are consistent with the technical recommendations of the World Health Organization and recent efforts and initiatives, including the Paris Declaration on Aid Effectiveness;

29. *Requests* the Secretary-General to report to the General Assembly at its sixty-third session on the implementation of the present resolution under the agenda item entitled "2001–2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa".

78th plenary meeting
19 December 2007